No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16176

MAY 8 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 830

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Admitted 4/24/40 (Specify whether years, months or days)

In this community: Unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri O (b) County:

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 1424 Wright Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME: Joseph Venaskie 520

3. (b) If veteran, name war: Spanish-American

8. (c) Social Security No.: -

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Anna

6. (c) Age of husband or wife if alive: - years

7. Birth date of deceased: June 16, 1875 (Month) (Day) (Year)

8. AGE: Years 64 | Months 10 | Days 11 | If less than one day: hr. min.

9. Birthplace: Williamstown, Pa. (City, town, or county) (State or foreign country) 1

10. Usual occupation: Street Cleaner 6

11. Industry or business: -

FATHER
12. Name: Ignotts Venaskie 1
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anna Bobbstoff
15. Birthplace: Pennsylvania. (City, town, or county) (State or foreign country)

16. (a) Informant: Alice Selvaggi
(b) Address: Acting Clinical Clerk, VAF, Jeff.

17. (a) Bks., Mo. (Burial, cremation, or removal) (b) Date thereof: 4/30/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cem.

18. (a) Signature of funeral director: Wm. Lefkemann Jnd. Co
(b) Address: 1417 N. Broadway St.

19. (a) APR 29 1940 (Date received local registrar) (b) R. L. Myers M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 27 day year 1940 hour 3:40 minute a. M.

21. I hereby certify that I attended the deceased from April 24, 1940 to April 27, 1940; that I last saw him alive on April 27, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Rheumatic and coronary arteriosclerotic heart disease, with mitral stenosis, mitral insufficiency and myocardial insufficiency. — Duration: unkn.

~~Contributory cause:~~
~~Due to~~ Generalized arteriosclerosis. — Duration: unkn.

~~Other conditions~~ -
(Include pregnancy within 3 months of death)

Major findings: -
Of operations:

Of autopsy: See cause of death. Autopsy performed.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): no

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: C. W. HUGHES, M.D. (M. D. or other)

Address: Chief Medical Officer, Veterans Adm. Fac., Jeff. Bks., Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis a

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.